The heart of Iyengar Yoga in Bristol
yogawest

Yogawest
Denmark Place
Bishopston
Bristol, BS7 8NW

T 0117 924 3330
info@yogawest.co.uk
twitter.com/yogawestuk
www.yogawest.co.uk

# Booking Form – Uday Bhosale Workshop

**Day:** December 17th and 18th 2011

**Time:**
Sat 17th: 10.30>1.30
Sat 17th: 2.30>5
Sun 18th: 10.30>1.30

**Cost:** £30/workshop, or £75 if booking all 3. (£70 if AIYI member)

*Full payment is required when booking to confirm your place.*

Name: _____

Address: _____

_____

Tel: _____

Email: _____

Which level of class do you usually attend? _____

How many years have you done yoga? _____

**Fee Due:** £30 ☐ £60 ☐ £75 ☐ AIYI member £70 ☐

I am paying by cheque/cash/card ☐ bank transfer ☐

To Pay by Bank Transfer
Account Name: Yogawest Ltd
Sort Code: 20-13-34
Account No: 83198219
ref: UB1712

To confirm your place, please return this booking form with payment and if you haven't already registered with Yogawest, a completed Medical Questionnaire to:
**Yogawest, Denmark Place, Bishopston, Bristol BS7 8NW**

(Or email forms to: diana@yogawest.co.uk)

_____

Yogawest Office Use:

Amount Paid: _____ How Paid: _____ Date _____ Initials _____

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Yogawest Registration Form

# Medical Questionnaire – CONFIDENTIAL

Please write neatly!

| Title | First Name | Surname |
|---|---|---|
| Date of Birth | Male ◯ | Female ◯ |
| Contact Number(s) | | |
| Email | | |
| Address | | |
| | | |
| | Postcode | |
| Emergency Contact Name | | |
| Emergency Contact Number | | |

Please tick all of the following that apply and give details below:

| | YES | NO | | YES | NO |
|---|---|---|---|---|---|
| Injuries | ◯ | ◯ | Circulatory problems | ◯ | ◯ |
| Heart condition | ◯ | ◯ | Allergies | ◯ | ◯ |
| Arthritis or rheumatism | ◯ | ◯ | Diabetes | ◯ | ◯ |
| Skin condition | ◯ | ◯ | Migraine/Headaches | ◯ | ◯ |
| Epilepsy | ◯ | ◯ | ME/Chronic Fatigue | ◯ | ◯ |
| Mernieres Disease | ◯ | ◯ | High blood pressure | ◯ | ◯ |
| Depression (or history of) | ◯ | ◯ | Varicose veins | ◯ | ◯ |
| Asthma | ◯ | ◯ | Detached retina | ◯ | ◯ |
| Frequent nose bleeds | ◯ | ◯ | Given birth within 3 months | ◯ | ◯ |
| Major illness or operation | ◯ | ◯ | Pregnancy | ◯ | ◯ |
| Anxiety / Panic attacks | ◯ | ◯ | Current medication | ◯ | ◯ |
| Joint problems | ◯ | ◯ | Fitness level | | |

Further details of anything ticked above and anything else you think we should know

What would you like to achieve by practising yoga?

## Notes

Iyengar Yoga allows you to work at your own level to improve your flexibility, strength and general health. It is not competitive, and postures can be adapted with props to assist extension and increase mobility. To reduce the risk of injury, never force or strain yourself during poses. Menstruating women should not do inverted poses, strong backbends or reverse standing poses. Pregnant women should ask for specific advice. Those with special health considerations should consult their medical practitioner before performing any exercise.

If you are receiving treatment from a medical practitioner, have recently had surgery or a serious accident or illness, or are on medication, please check with the teacher whether this class is suitable for your condition. It is inappropriate for students suffering from certain medical conditions, or new students who are pregnant, to attend a yoga class held by a teacher holding only the Introductory teaching certificate of the IYA (UK).

The teacher cannot be held responsible for any injury incurred during the class, or any problem arising as a result of a medical condition.

We may use the information provided by you for the purposes of providing, monitoring, assessing and marketing Yogawest and to inform you of information, offers, services and products from time to time. We will not sell, share, rent or otherwise distribute any personal information to third parties.

Please tick the box if we can use your information for these purposes: (please tick) ◯

### DECLARATION

I have read and fully understand this form and accept the terms stated above. I confirm that, to the best of my knowledge, the answers given by me are correct and accurate. I know of no reason why I should not participate in any form of physical exercise or any activity suggested to me by an employee or representative of Yogawest. I acknowledge that any suggestions from any such employee or representative are neither diagnostic nor prescriptive. I agree to notify you of any future changes to the above answers.

You may use the information provided by me in this form together with any other information that I may provide to ascertain whether Iyengar yoga is appropriate for me. By signing this form I agree to the use of my information as stated in this form.

Signature

Date

Yogawest Ltd | Director: Diana Penny
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Company Number: 7609399